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CONFIRMATION NO. 3887

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
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| 10/558,626 | 11/29/2005 | 548 424 | 1616 | X-15735 |
| RULE | | | | |
| APPLICANTS Christopher David Beadle, Basingstoke, UNITED KINGDOM; Manuel Javier Casesthomas, Basingstoke, UNITED KINGDOM; Barry Peter Clark, Basingstoke, UNITED KINGDOM; Peter Thaddeus Gallagher, Basingstoke, UNITED KINGDOM; John Joseph Masters, Fishers, IN; Graham Henry Timms, Basingstoke, UNITED KINGDOM; Magnus Wilhelm Walter, Basingstoke, UNITED KINGDOM; Maria Ann Whatton, Basingstoke, UNITED KINGDOM; Virginia Ann Wood, Basingstoke, UNITED KINGDOM; Jeremy Gilmore, Basingstoke, UNITED KINGDOM; | | | | |
| ** CONTINUING DATA ***** This application is a 371 of PCT/US04/13004 05/11/2004 which claims benefit of 60/510,867 10/14/2003 and claims benefit of 60/524,450 11/24/2003 and claims benefit of 60/524,781 11/25/2003 | | | | |
| ** FOREIGN APPLICATIONS ***** UNITED KINGDOM 0313463.2 06/11/2003 | | | | |
| ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/19/2006 | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/ANDRIAE M HOLT/</u> Examiner's Signature | <input type="checkbox"/> Met after Allowance Initials | STATE OR COUNTRY UNITED KINGDOM | SHEETS DRAWINGS 0 | TOTAL CLAIMS 5 18 |
| | | | INDEPENDENT CLAIMS 1 3 | |
| ADDRESS /A.H./ 6/19/2009 ELI LILLY & COMPANY PATENT DIVISION P.O. BOX 6288 INDIANAPOLIS, IN 46206-6288 UNITED STATES | | | | |
| TITLE 3-Aminopyrrolidines as inhibitors of monoamine uptake | | | | |
| FILING FEE RECEIVED 1400 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ | |

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